



4000 Justice Way, Castle Rock, CO 80109
Office: 303-660-7545 Fax: 303-688-2602

RECORDS REQUEST

Please print clearly

Date/Time of Request: _____

Requestor Name: _____

Requestor Company/Agency: _____

Requestor Address: _____

Requestor Phone Number: _____

Requestor Email Address: _____

Requestor Driver's License # State: _____

Case Number: _____

Date/Time of Incident: _____

Location of Incident: _____

Name of Party Involved: _____ DOB: _____

Name of Party Involved: _____ DOB: _____

I affirm this copy of record and/or booking photo shall not be used for the direct solicitation of business for pecuniary gain. (C.R.S. 24-72-305.5)

Signature of Requesting Party: _____

For office use only:

Reports Requested:

Accident Report ☐ Criminal/Incident Report ☐ Citation/Ticket ☐ Booking Card ☐ Booking Photo ☐
Photos ☐ Dispatch/Radio Tapes ☐ BWC ☐ In-Car Video ☐ Jail Medical ☐ Jail Video ☐ Other ☐

Description of what was Released: _____

Reason for Denial: _____

Time: _____ Fee charged: _____ Method of payment: _____

Request Accepted/Processed by: _____